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AUTHOR Gibson, Richard L.
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ABSTRACT

The School-Based Recovery Support (SBRS) is a curriculum plan that assists students who return to school after addiction treatment or a conscious effort to become drug free. It is a daily course in life skills that a student can take for credit. The primary goals of SBRS for facilitators are as follows: (1) attempt to create a climate of support and challenge; (2) motivate students to change through role modeling and discussion; (3) teach students respect and positive regard; and (4) help students change from high risk to low risk individuals. An intensive multiple case study conducted in 1990 revealed that students who did not enroll in SBRS withdrew from school within a few weeks of their initial return. Students who enrolled in SBRS appeared to have more positive perceptions of their home, family, and peers. SBRS students increased their overall school attendance. SBRS is a dynamic, ever-changing program that can not be prepackaged and used in existing curriculum programs; however, elements of the program may be readily adapted. (A list of sample values and norms of SBRS are appended, along with a weekly and daily activities list and directions for obtaining further information.) (BHK)

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School-Based Recovery Support

The Time Is Now!

Richard L. Gibson, Ph.D.
Wichita Public Schools
Wichita, Kansas 67202

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School-Based Recovery Support--The Time is Now!

What is School-Based Recovery Support? In Wichita, Kansas, it is the name given to the curriculum plan designed to assist students returning to school after addiction treatment or a conscious decision to become drug free. It is an organized attempt to assist students in their re-entry into school and community. It is a daily, for-credit, course in life skills. It is a wellness program in the truest sense of the word. And it is working!

There is probably no need to reiterate statistics on childhood and adolescent substance abuse. While some are reporting an encouraging decline in both use and abuse of alcohol and other "soft" drugs, current data indicates that so called "problem drinking" in youth is so common, it is no longer considered predictive of alcoholism. There is such wide prevalence and apparent acceptability of marijuana use in adolescent American culture that not trying marijuana is considered statistically more deviant than casual experimentation with marijuana. The tendency toward multiple drug use has become so widespread among adolescents that it is no longer thought of as a strong indicator of major pathology. Alongside these trends, research indicates a progressive decline in the age of initial experimentation.

Throughout the eighties, serious and sustained use of drugs by adolescent Americans at a younger and younger age created new and urgent demands for chemical abuse treatment

facilities and new treatment methods. During especially the first half of the the last decade, adolescent treatment programs flourished. New treatment beds came into existence almost daily. The 1986-87 Third Annual Directory of Alcoholism and Drug Abuse Treatment Programs, while not an exhaustive resource, listed more than 670 treatment centers with adolescent units. The growth of treatment centers has been prolific, giving rise to the new treatment specialty of adolescent addiction. Countless thousands of adolescent Americans have sought addiction treatment, often more than once, and attempted to return to school.

The Importance of Group Recovery Support

While both addicts and experimental users of all ages have often gained initial skills to maintain abstinence during treatment, maintenance and the ability to generalize to new situations requires not only the development but also the rehearsal of new skills. Aftercare services and recovery support are critical for anyone whose goal is to remain drug and alcohol free.

Aftercare and recovery services most effectively address typically high relapse rates, heterogeneous behaviors, and other adjustment problems in group settings. Groups have long been known to help the recovering addict adjust from inpatient hospitalization to community

placement, and they are considered the ideal format for developing and rehearsing new skills for abstinence.

Recovery groups are especially important in helping adolescents gain identity as abstaining members of society and a sound commitment to recovery. Adolescents are usually anxious about their return to home, school and community; they often report feeling stigmatized, lost, isolated, self conscious, and unable to compete academically. Without fail, they are concerned about making new friends as a part of their treatment. Even more than usual, they have a real need for social support. Peer support groups for adolescents are powerful vehicles for dealing with feelings and needs, especially in dealing with addictive and compulsive behaviors.

During the recovery process, users of any age must learn to abstain from chemical abuse and to change lifestyles to support that abstinence. For the adolescent, aftercare groups provide a forum for the intimate sharing of feelings, create a sense of community, and serve as a bridge from total inpatient care to reentry into the community. Due to the powerful force of peer influence, abusing adolescents have a special need for recovery support from peers.

The Need for Involvement of Schools

In spite of the need, treatment centers have lacked the resources and trained personnel to provide adequate community based aftercare services for adolescents. Repeated attempts have been made to bridge the gap between treatment and community reentry for the adolescent, but the heterogeneous nature of adolescents has complicated the process. A logical place to look for assistance is within schools.

Schools have consistently demonstrated a formative influence on children through direct and ongoing contact with students. Schools have traditionally assumed responsibility for observing and identifying student behaviors, documenting those behaviors, sharing concerns with the students, family, and professional staff, and referring for assistance when appropriate. They have been slower in attempts to facilitate rentry into school after outside agencies have performed their special functions.

The increasing recognition of drug use and abuse problems among youth has been accompanied by a new awareness of the need for school involvement. The goal of most drug education programs in schools has been prevention of adolescent substance abuse, but the efficacy of these programs has been called into question. Because many, if not most, school programs responded early and rapidly to the

call for prevention programs with varying and often disappointing results the response to intervention needs has been slower to develop and less noticeable.

Referral activities become most prevalent when student behaviors have a direct and visible influence on the school community. Schools recognize the potential negative impact of adolescent substance abuse when it results in aggression, disturbed interpersonal relationships, or impaired school performance, and they are constantly improving their skills in referring disruptive students out of the system. The need to become actively involved in providing recovery support activities for students who come back in to the system has not yet been adequately addressed, probably because the student typically has a less visible influence on the school community.

A review of the literature reveals a lack of information concerning school-based recovery attempts. It appears that only a few school-based recovery programs have been operating long enough to gauge their success in terms of recovery, and those programs seem to be known only in their own area of the country. Although aftercare and group recovery support activity have been established as especially important for adolescents, schools that provide recovery support rarely do so in organized meaningful ways.

One School District's Response

Recognizing the need for increased intervention activities on the part of the school, especially concerning support for the adolescent during recovery, staff members of Wichita High School Southeast in Wichita, Kansas have developed school-based recovery support groups for which credit can be earned. These groups meet daily during a regular class period, facilitated by a social science teacher, the school psychologist, and other interested faculty members. Students may join or leave the group at times of their choosing. Minimum requirements have been established for earning credit, and facilitators reserve the right to deny admission or continuance of students according to a predetermined set of standards.

The School-Based Recovery Support class was first established in 1986 with lunch hour groups that met two days each week. In 1987, group facilitators formalized the program, offering a daily group in a classroom setting, with social science credit offered to those who enrolled. The classes, called Group Dynamics, are open to all students returning from drug and alcohol rehabilitation treatment as well as to those students choosing to become drug free by working a Twelve-Step Program. The proliferation of students returning from treatment programs and the general community acceptance of school-based recovery support

services has caused the Wichita program to serve as a model for other high schools, both in and out of Wichita and Kansas. During the spring semester of 1990, a similar program was implemented in every local city high school as well as in other school districts throughout the state.

Group instructor/facilitators have two primary goals: (a) to demonstrate respect and positive regard for students and each other by modeling empathy, listening, and negotiation skills and by structuring as many situations as possible for students to practice healthy growth skills, and (b) to help students change from "high risk" to "low risk" individuals as defined by Dr. Stephen Glenn.

Although developers of School-Based Recovery Support would encourage improved perceptions of school and of students who are in school, the curriculum directs its goals toward improved self-concept and interrelationships with family and peers. School issues are only addressed through mandatory attendance rules and the awarding of credit for course completion. Program goals of teaching students to demonstrate respect and positive regard and helping students to change from high risk to low risk individuals are primary; improved school relationships are <u>not</u> specifically targeted as goals.

The two primary goals remain the guiding force of SBRS. Facilitators attempt to create a climate of support and challenge to motivate the students to change by modeling and

discussing. Although students define their own expectations for the class, instructors provide specific non-negotiables and require student input to develop consequences for noncompliance with class norms.

Contracting is used, wherein each student must describe personal responsibilities both for recovery and for providing a climate of support for others. Meeting attendance outside of class is required. The program is grounded in the Twelve-Step philosophy as originally proposed by Alcoholics Anonymous. Specific course content includes weekly topics such as identifying functional and dysfunctional personal and family behaviors, conflict resolution, sharing of personal experience, values, emotions, and perceptions. An outline of the curriculum content, weekly and daily activities, and sample values is attached.

Outcomes of School-Based Recovery Support

During the spring semester of 1990, an intensive multiple case study of thirteen Wichita Southeast students was conducted. Eleven of the students were enrolled in SBRS and two students who qualified for admission but who chose not to enroll were used as a comparison base. Obviously, the same variability and lack of predictability found in chemically dependent persons' behavior is to be expected in their treatment outcomes and recovery patterns. But certain

trends in the results of this study indicate that School-Based Recovery Support is an effective tool for facilitating re-entry into the school and family communities.

One interesting result of the study was the discovery that large numbers of students who chose not to enroll in SBRS were withdrawn from school within a few weeks of their return. Seven of the original pool of 33 students invited to participate withdrew or were withdrawn from school before the study began, more than 21%. All of the dropouts were students who had not enrolled in SBRS.

In spite of the fact that relapse has come to be an expected step in recovery, 82% of enrolled students continued to report no chemical use at the conclusion of the study; 9% reported weekly use; 9% reported twice weekly use. Longer term enrollment in SBRS appeared to be related to less frequent drug use, since students who were enrolled in SBRS for the greatest number of days showed the least frequent drug use at the end of the study.

One of the students who was not enrolled in SBRS reported excessively heavy drug use. Closely monitored Weekly Data Sheets claiming use of alcohol, pot, and cocaine daily and in increasing amounts caused the researcher, unaware of the student's identity, to alert the school psychologist, who also served as group facilitator for SBRS. The participant wrote on a Weekly Data Sheet that she did

not have a problem, that she could "handle it," and that "there is no recovery." On the last Weekly Data Sheet of the study the participant wrote, "Need to find some sort of recovery. In way too deep." She requested to talk with someone at school about her drug use. The researcher referred the participant to the school psychologist. The participant asked to be placed in treatment in order to help her addiction and to make her safe from her cocaine supplier.

School attendance before entry into SBRS showed a mean of 48 hours of absence per grading period; attendance during the study shows a mean of 46 hours of absence. Those who were enrolled in SBRS the greatest number of days showed the greatest improvement in school attendance patterns and those students who missed the most during the first observation period missed the least during second. Forty-five percent of the participants improved attendance rates by at least seven class hours (the length of a normal school day).

Recovering students enrolled in SBRS appeared to have gained more positive perceptions of home and family relationships after enrollment in a School-Based Recovery Support program. Students most recently enrolled showed the highest increase in ratings of home and family relationships. The higher increase in scores for students recently enrolled may be an indication that the highest gain in positive perceptions of home and family relationships can

be expected soon after enrollment; the rate of gain declines as students become more satisfied with or resigned to the relationships that exist. Those who have been in SBRS longer do continue to show improvement, albeit at a slower pace.

Students enrolled in School-Based Recovery Support gained significantly more positive perceptions of peer interactions during the course of the study. Since one of the goals of the SBRS program is "to help students demonstrate respect and positive regard for students and each other," much of the curriculum is dedicated to that purpose. The nature of the School-Based Recovery Support group as peer support appears to tap into the established power of peer influence, perhaps in ways that extend beyond the walls of the classroom.

Since the design of the SBRS curriculum is to support recovery through improved peer and family relationships, it should not be surprising that students' perceptions of school improved less than their perceptions of family and personal interaction. For a few students, improved positive perceptions of school and school activities were an extraneous but happy result of other gains; on the whole, significantly improved positive perceptions of school were not observed.

In both interviews and personal stories, all of eleven of the participants in the study showed satisfaction with

being a part of SBRS. Some participants expressed feelings of being "overwhelmed" during initial stages of school re-entry, due to the need for readjusting to community living at the same time as actively working a recovery program. They expressed feelings that SBRS provided the necessary "bridge" from addiction to recovery.
More than half credited a caring teacher or school administrator with making the availability of School-Based Recovery Support known. Others said they learned of the program through friends or relatives who enrolled previously. Reasons given for enrollment included support, encouragement, a way to gain knowledge, new friendships, and a way to escape negative peer influences.

SBRS is, in one participant's words, is "very comfortable," and, in another participant's view, "a way to get support from other people who have the same type of problems as I do." Several say, "It really helps to talk to people about problems that you can relate to!" One participant summarized his feelings by saying, "If it can help me, it can help anyone. There is a bond with the other people in here. It helps to know that there is help if you want it. This class will help you out <u>if</u> you work the program...it helps you out with every aspect of life."

School-Based Recovery Support is not a panacea. Because it is a dynamic program, constantly evolving, constantly changing, it cannot be prepackaged and delivered

to other schools as a model to be plugged in to an existing curriculum. Yet elements of the program surely can be readily adapted to other programs in other states. It deserves thorough examination for the possibilities it holds for other school districts, and, if nothing more, it can well serve as a springboard for creative thinking.

School-Based Recovery Support is an honest attempt at the development of a wellness program for adolescents. It is a sharp move away from the reactive stance held by schools for far too long, a definite move toward helping students in to school rather than out. But delay in implementing programs like SBRS is costly in terms of the loss of human potential. Recovering students are lost to the system every day that districts fail to take action. Waiting until there is time, or money, or other resources is not the right decision. The time is now!

Sample Values and Norms of SBRS

The School-Based Recovery support program attempts to develop student values in the following areas: empathy and understanding, acceptance, anonmymity, confidentiality, honesty, sobriety, freedom of expression, respect for others and self, support, attendance, and promptness. These values are approached through a set of norms for classroom behavior outlined below.

1. Pay attention.
2. Give positive attention to others.
3. Give hugs.
4. Do not judge.
5. Show positive feelings as well as negative ones.
6. Listen actively.
7. Talk honestly.
8. Do not rationalize.
9. Do not minimize.
10. Do not intellectualize.
11. Use feeling statements.
12. Be assertive in sharing personal feelings.
13. Recognize others' defenses in an assertive manner.
14. Respect each other's personal boundaries.
15. Respect each other's feelings.
16. Feel free to express yourself as you choose as long as it is not harmful to others or self.
17. Do not sleep in class.
18. Do not come to class intoxicated or under the influence of mood altering chemicals.
19. Be willing to support members of the group at all times, both in and out of school.
20. Be present and on time daily.

Weekly and Daily Activities in SBRS

Topic I.....Sharing Who Am I?

Topic II.....Sharing Who We Are

Topic III....Values Clarification

Topic IV.....Developing Classroom Norms

Topic V.....To Identify Communication Skills

Topic VI.....To Practice Communication Styles

Topic VII....Feelings

Topic VIII...Communication: Listening

Topic IX.....Family System

Topic X.....Family Roles

Topic XI.....Family Communication

Topic XII....Defense Systems

Topic XIII...Self Esteem

Topic XIV....History of Alcoholics Anonymous

Topic XV.....Personal Stories

Topic XVI....Sending Forth

Sources for Further Information

Because the curriculum guide for SBRS has copyrights pending, only a sample of values and norms used in the class and a list of topics discussed are included in this paper. A complete copy of the curriculum guide is available by special arrangement, using the following address:

Ms. Linda Varga
Ms. Lillian Yeargan
Wichita High School Southeast
903 South Edgemoor
Wichita , KS 67218
(316) 833-2700

Questions or concerns to be directed to the presenter should be addressed as follows:

Dr. Richard L. Gibson
2506 Yellowstone Circle
Wichita, KS 67215
(316) 722-8353